

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002085

1. Entity Name

CENTRO DE ADORACION ADONAI, INC.

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90113 026 ****70.00

Principal Place of Business 2016 ANNISTON ROAD JACKSONVILLE FL 32246 US	Mailing Address P. O. BOX 8453 JACKSONVILLE FL 32239-0453 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-3466747	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

FERNANDEZ, HECTOR REV
3130 ROGERO ROAD
JACKSONVILLE FL 32277

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
11126 Windhaven Dr S.
 City **Jacksonville** FL Zip Code **32225**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> Delete
NAME	FERNANDEZ, HECTOR	
STREET ADDRESS	3130 ROGERO RD	
CITY-ST-ZIP	JACKSONVILLE FL 32277	
TITLE	T	<input type="checkbox"/> Delete
NAME	FERNANDEZ, DELBIS N.	
STREET ADDRESS	3130 ROGERO RD	
CITY-ST-ZIP	JACKSONVILLE FL 32277	
TITLE	T	<input type="checkbox"/> Delete
NAME	DIAZ, RITA	
STREET ADDRESS	9801 BAYMEADOW RD #127	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	T	<input type="checkbox"/> Delete
NAME	ORTIZ, HECTOR	
STREET ADDRESS	11118 COLDFIELD DR	
CITY-ST-ZIP	JACKSONVILLE FL 32246	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fernandez, Hector	
STREET ADDRESS	11126 Windhaven Dr S.	
CITY-ST-ZIP	Jacksonville, Florida 32225	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Delbis N. Fernandez	
STREET ADDRESS	11126 Windhaven Dr. S.	
CITY-ST-ZIP	Jacksonville, Florida 32225	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rosario, Rita E.	
STREET ADDRESS	6219 Pinelock Dr.	
CITY-ST-ZIP	Jacksonville, Florida 32211	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE: Hector Fernandez **Hector Fernandez** 3-21-00 904-379-1840
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)